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ABSTRACT

Reverberating aspirations in the unfolding dimensions of cyberspace are our inevitable future. Being a professional practitioner requires a good deal of wisdom, a necessity in weighing and choosing among the inevitable choices one's practice presents. The steps along a path to wisdom, according to B. L. Visotaky, require exposure to varying opinions, debate, and discussion. In the midst of our frenetic workdays, we must all afford the luxury of thoughtful discourse on difficult issues. This chapter first considers a conceptual floor for ethics consultation on the Internet and discusses directions and detours as well as redressing ethical infractions. It then provides examples and innovations in ethics consultation, describes anticipated perils and advantages, and presents frameworks for decision making. Two appendixes are provided. The first contains vignettes of ethical dilemmas and the second contains other questions for decision making. (Contains 22 references.) (MKA)

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Cyberpaths to Ethical Competence

Elizabeth DuMez

By its nature, ethics is principally a shared discipline. Any solitary aspect has only to do with plumbing the depths of conscience. The realization of an ethical professional life has everything to do with cooperation, critique, and conformity. Ethics scholars study and evaluate human conduct in light of moral principles that reflect community consensus. Applied ethicists seem to subscribe to both the intuitionists' view that conscience is innate and instigates moral action, and empiricism that suggests ethical behavior is a byproduct of experience. As all disciplines—both their scholarly evolution and their applications—soar on cyberwings, the exercise of the ethical professional life can best be informed by ready consultation.

A simple but insightful conceptualization of the need for consultation is found in a slender volume of parables, *Jacob the Baker,* by Noah BenShea (1989). Having discovered that their fellow villager, the baker, has profound answers to all manner of questions pondered by his neighbors, two men approach Jacob. One states, "I know what is right." The other asserts, "I know what is wrong." Jacob responds, "Together you make one wise man" (p. 26).

This chapter first considers a conceptual floor for ethics consultation on the Internet and discusses directions and detours as well as redressing ethical infractions. It then provides examples and innovations in ethics consultation, describes anticipated perils and

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advantages, and presents frameworks for decision making. The chapter has two appendixes, one containing vignettes of ethical dilemmas and the other questions for decision making.

A CONCEPTUAL FLOOR FOR THINKING ABOUT INTERNET ETHICS CONSULTATION (BUT THE SKY'S THE LIMIT)

Virtue, traditionally the domain of moral philosophy, pertains to making judgments and thus choices. Although moral virtue is a necessity, it is not sufficient for the achievement of a good life. Mortimer Adler (1984) discussed the phenomenon of engagement in order to achieve favorable external circumstances. He stated, "Habits consist of potentialities for action . . . but these are acquired, not innate, potentialities . . ." (p. 93). Further, ". . . knowing and understanding rules of any sort that prescribe the right acts and proscribe the wrong ones do not form habits. Habits are formed by acting repeatedly in accordance with the rules . . ." (p. 96). The virtue of prudence is knowing how to judge well and make good decisions regarding conduct. Only in the context of effects on others and information by which to interpret effects can good judgment be achieved.

> There would appear to be rules that should be followed in order to develop prudence, which consists in knowing how to form a sound judgment and reach the right decision about the means to be chosen. These rules include taking counsel, deliberating about alternatives and weighing their pros and cons, and being neither precipitate or rash on the one hand, nor obstinately indecisive on the other hand. (pp. 108–109)

The exercise of prudence clearly has dialogic underpinnings.

In Burton L. Visotzky's (1996) earthy interpretation of Genesis, he pointed out that ethics requires some agreement on the underlying philosophical systems. Once that is accomplished, working out the rules by which ethics are served is a communal task. Indeed, the development of codes of ethics and the adjudication of grievances alleging infractions are undertaken by practitioner peers. Does not logic suggest that the interpretation and application of the ethical

standards should also be an interactive endeavor? Visotzky directed the reader to "ask hard questions, listen to one another. . . . In questions and in listening lie the keys to the formation of enduring communities and to moral development." (p. 210). We may read *ethical development* as well.

Turn then to consider the implications of interactive ethical decision making. The obvious contemporary means for this endeavor is, of course, the Internet. Robert Watkins (1994) hypothesized that

- the Internet is a way to strengthen the human services professions by developing a stronger professional community; [and]
- the Internet is a way to facilitate the spread of information relevant to the professions. (p. 59)

He postulated that the key to the development of any community is, logically, communication, "be it of knowledge or attitudes or values." Unless these are shared, there can be no community. One of the hallmarks of a profession is, of course, shared knowledge, attitudes, and values. Watkins believed mediated communication can develop and strengthen professional identity. For many months he monitored Internet discussion lists and observed the process of what he described as "community development." One example was a 2-week-long discussion about confidentiality on the Internet that generated a range of ideas. Another example could be the development of electronic peer review journals, he suggested, which could make professional information available worldwide with time, cost, and distance relatively meaningless. Watkins also observed that there is an underlying humanism among the helping professions and a general desire to help others, which suggests a cooperative spirit of community—auspicious for collegial consultation perhaps.

Traditionally, consultation has referred to an interactional helping process. Kadushin (1977) pointed to a series of sequential steps "...taken to achieve some objective through an interpersonal relationship." One of the participants in the transaction, in his conceptualization, has greater expertise, knowledge, and skill in performing professional functions. It is a problem-solving process that relates to a difficulty or dilemma encountered in professional practice (pp. 25–26). The possibility emerges that there may be at least three formats for ethics consultation: (1) the identification of ex-

pert guidance in resolving ethical dilemmas, (2) a Socratic method of dialogue, and (3) a discussion group approach in which ideas are paramount in a free-for-all environment.

The idea of consultation is beginning to appear in many formats of discourse. A recent letter in the Letters (1999) section of *The Economist* stated, "Sensitivity and a wider consultative process are needed. . . ." A second letter noted that ". . . people tend to rely less and less on 'self-selected wise men' to make decisions for them" (p. 6). The context was unrelated to behavioral health professions but suggested broad-based attention to the validity of consultation in problem-solving processes.

In 1996, the United States social workers' code of ethics (National Association of Social Workers [NASW], 1996) was substantially revamped. For the first time, it included an articulation of the foundation values and principles that undergird the standards for professional behaviors. The code explicitly encouraged consultation: "For . . . guidance, social workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas" (p. 3). Further, "If a reasonable resolution of (a) conflict does not appear possible, social workers should seek proper consultation before making a decision" (pp. 3–4). And, most specific to the point, standard 2.05(a) under Social Workers' Ethical Responsibilities to Colleagues stated, "Social workers should seek the advice and counsel of colleagues whenever such consultation is in the best interests of clients." In addition—and this concept will have more poignancy as we delve deeper into the question of the propriety and practicality of Internet ethics consultation—standard 2.05(b) stated, "Social workers should keep themselves informed about colleagues' areas of expertise and competencies. Social workers should seek consultation only from colleagues who have demonstrated knowledge, expertise, and competence related to the subject of the consultation" (p. 16). How to ascertain that an Internet correspondent has sufficient expertise to consult on an ethical conundrum is an important question.

SOME DIRECTIONS AND DETOURS ON THE BYWAYS OF ETHICS CONSULTATION

Professional codes of ethics differ both because of variations in the missions of the disciplines and because of disparate emphases

in the professions. Consider the colloquial version of the Hippocratic oath, "Do no harm," which is perhaps the most universal foundation concept, and which is derived from the elements of the medical code historically attributed to Hippocrates. Each professional practitioner who has achieved standing by virtue of education and credentials must subscribe to his or her profession's relevant code. Heightened ethical consciousness has brought to the forefront a new realm of problem solving for professionals. Traditionally, problem solving addressed client psychosocial conditions. More recently, service delivery systems have been the focus of analysis and experimentation. The value conflicts reflected in ethical dilemmas are not new, but increasingly, professional practitioners are learning to resolve them through systematic analysis and applications of codes of ethics (NASW, 1998).

The commonalities in standards for mental health care on the Internet were identified by a representative group of professionals in January 1998. A Forum on Internet Mental Health Practice was convened in Bethesda, MD, at the invitation of the National Board for Certified Counselors. Twenty-one representatives of mental health professional membership associations as well as individuals from key federal agencies attended. From these discussions emerged a set of core principles—a beginning attempt to address ethical issues, behavioral health, and the Internet. So superimposed on professions' particular codes of ethics, there may be a set of common principles necessary for self-regulation in the pursuit of protection of clients and assurance of standards for professional activity on the Internet. The core principles drafted by group members, whose work continued for a time as an Internet discussion group, included the following:

I. The basic standards of professional conduct governing each mental health care profession are not altered by the use of Internet technologies to deliver mental health care, conduct research, or provide education. Developed by each profession, these standards focus in part on the practitioner's responsibility to provide ethical and high-quality care.
II. A mental health care system or mental health care practitioner cannot use the Internet as a vehicle for providing services that are not otherwise legally or professionally authorized.

III. Services provided via the Internet must adhere to basic assurance of quality and professional mental health care in accordance with each mental health care discipline's clinical standards. Each mental health care discipline must examine how Internet mental health practice impacts and/or changes its patterns of care delivery and how this may require modifications of existing clinical standards.

IV. The use of Internet technologies does not require additional licensure.

V. Each mental health care profession is responsible for developing its own processes for assuring competencies in the delivery of mental health care through the use of Internet mental health practice.

VI. Practice guidelines and clinical guidelines in the area of Internet mental health should be developed based on empirical evidence, when available, and professional consensus among all involved mental health care disciplines. The development of these guidelines may include collaboration with government agencies.

VII. The integrity and therapeutic value of the client-mental health care practitioner relationship should be maintained and not diminished by the use of Internet mental health technology.

VIII. Confidentiality of client visits and client mental health records is essential to the integrity of information in a mental health care information system.

IX. Documentation requirements for Internet mental health services must be developed that assure documentation of each client encounter with recommendations and treatments, communication with other health care providers as appropriate, and adequate protections for client confidentiality.

X. All clients directly involved in an Internet mental health encounter must be informed about the process, attendant risks and benefits, and their rights and responsibilities, and must provide adequate informed consent.

XI. The safety of clients and practitioners must be ensured. Safe hardware and software, combined with demonstrated user competency, are essential components of safe Internet mental health practice.

XII. A systematic and comprehensive research agenda must be developed and supported by government agencies and mental health care professions for the ongoing assessment of Internet mental health practices. (Bloom & Sampson, 1998)

An addendum to standard II that might be considered could require that professional identification and sanctioning credentials must be made known in standard terms (e.g., psychologist, marriage and family therapist, professional counselor, nurse).

In the absence of a system of professional review or accountability, standards remain, however, in the realm of guidelines. State regulatory (e.g., licensure) boards are generally charged with administering systems of review of complaints. The statutes among the states are extremely varied, and not all states regulate all the behavioral health professions. Therefore, no consistency of quality control is assured regardless of whether these boards would even entertain complaints of conduct that related to the Internet. Perhaps the threshold question is whether a practitioner who allegedly committed an ethical infraction could even be identified. Some practitioners will, of course, mete out opinion or advice via their web sites. Others may enter the fray only pseudonymously.

REDRESSING ALLEGED ETHICAL INFRACTIONS

The *NASW Code of Ethics* (1996) has articulated a social worker's obligation to take action against unethical conduct by any other member of the profession. The responsibility is generally construed to apply to representatives of sister disciplines, such as counselors, psychologists, nurses, and psychiatrists, as well.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures

created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct. (p. 8)

All professions that promulgate codes of ethics must have enforcement methods. Most professional associations offer some form of peer review of complaints regarding their members' conduct. Most states regulate the behavioral health professions, albeit with mixed effectiveness. The purpose of state statutes, however, is to protect the public, that is, clients. Many professional codes have developed standards that extend practitioner ethical responsibility to colleagues and employing organizations as well. Professional activity on the Internet will undoubtedly be tested in these forums of review. As codes of ethics are updated by the professions, they are bound to contain standards specifically pertinent to the virtual relationships of the Internet.

Remarkably, the New York State Education Department Office of Professional Discipline includes its complaint form on its web site inviting complaints to be submitted either by fax or e-mail (http://www.nysed.gov/prof/complain.htm) to the Office of Professional Discipline. The form states that, when received, the complaint will be assigned to an investigator. The form requires authorization for the professional complained about to release information "about the treatment or the services rendered to you" (i.e., the complainant). The resources required for investigation are beyond many professional organizations, which typically require that complainants provide all necessary documentation or evidence in behalf of their cases. Arguably, justice can best be served by open

access to such review systems. However, many entities could be overwhelmed or bureaucratically paralyzed by an open market for complaints, some proportion of which would be unjustified or unfounded.

In research into 10 years of adjudication cases processed by the National Association of Social Workers, Kimberly Strom-Gottfried reviewed nearly 900 ethics complaints (her study included the universe of cases of adjudicated ethics violations from 1986 to 1997). Less than half of the complaints received met the criteria for acceptance and went to hearing. Of that number, less than 30% resulted in findings of violation of the *NASW Code of Ethics* (Strom-Gottfried, 1998a). With this perspective, one might argue for the necessity of a direct contact with a representative of a review body in order to discuss the nature of a prospective complaint and whether the particular board or professional association is the appropriate venue of review.

Consultation is an explicit ethical responsibility for social workers and is addressed in six standards of the social workers' code of ethics. Models of supervision and consultation have long been established in the professions. These standards not only socialize new members to a profession and guide their behavior but also can serve as the basis by which professionals can be held accountable for actions in contravention to a code. Strom-Gottfried (1998b) stated, "clearly those crafting and enforcing the Code of Ethics consider supervision and administration to be forms of practice, subject to standards of conduct in the same way direct practice is" (p. 3). In her research into adjudicated personnel disputes, Strom-Gottfried found that the most commonly occurring violation involved the provision of poor supervision. Although there may not be a direct application of her findings to the field of consultation, certainly the parallels raise cautionary concerns. Two of 31 adjudicated cases had findings of incompetent practice, "in that the respondents were judged to have carried out their supervisory or managerial functions without application of appropriate knowledge or skills" (p. 10). Could Internet consultations subject a practitioner to the risk of having a professional complaint lodged against him or her? Over one third of all ethics complaints filed with the National Association of Social Workers between 1986 and 1997 were made by co-workers.

NASW processed a complaint brought by a professional practitioner against another with allegations of collegial misconduct, including violations of confidentiality and disrespectful treatment on the Internet. Personal information was allegedly conveyed by one about the other along with disparaging comments, all in the context of professional roles. In fact, the peer review panel concluded that an ethical infraction had occurred.

Increasingly, Internet practitioners may eschew traditional symbols and allegiances of professionalism. If one can make a living by offering unsanctioned services, whither accountability? What remains to be seen is whether parallel structures of standards, credentialing, peer review, and disciplinary action can be built into the dynamic metamorphoses of cybercommunication.

ETHICS CONSULTATION: EXAMPLES AND INNOVATIONS

In this section are some models, roughly construed to be consultative, that have been proposed or developed for use on the Internet. Consultation-cum-education models are ripe for development.

Electronic Ethics Networking Consortium

In a competitive proposal process, a National Association of Social Workers' chapter submitted a proposal for a dialogic process with the purpose of identifying, documenting, and assisting with ethical issues and dilemmas (NASW, Pennsylvania Chapter, 1998). In describing the proposed project (which ultimately was not awarded the grant and thus not implemented), the chapter pointed to its desirability as evidenced by

- practitioners working in significantly different settings than were prevalent at the time the 1966 *NASW Code of Ethics* was developed (for which, presumably, dialogue would serve to update practitioners and hone skills); and
- growing interest in ethics training as evidenced by larger-than-expected numbers of practitioners at continuing education events.

The learning goals included:

- training in adherence to confidentiality while using an electronic networking medium (with applications to other aspects of one's practice);

- expanding information about ethical concerns and dilemmas affecting practitioners in (discrete) geographic areas or particular practice settings;
- sharing information about resolution of ethical concerns and dilemmas; and
- providing experience in identifying appropriate ethical standards for application in particular problem situations. (p. 2)

The model proposed a subscriber list to link electronically interested practitioners connected to the chapter's web site. A cadre of experts were to be available to address the issues and questions presented. Further, the chapter could use the data that emerged for developing continuing education conferences based on demonstrated needs. The protocol was to include confidentiality guidelines for all those connected. The experts were to monitor the project, copying, coding, and organizing the incoming data and responses for use in analysis and discussion as well as content for the continuing education events. The chapter proposed to develop a satisfaction survey tool to determine the effectiveness of the service (pp. 3–4).

Veritable Analysis

A companion book to the *NASW Code of Ethics* (1996), *Current Controversies in Social Work Ethics* (NASW, 1998), was prepared by the committee that drafted the new *Code*. In the companion book, vignettes of ethical dilemmas derived from actual ethics consultations provide a content base distinguished by its validity. Committee members developed commentaries on the vignettes to highlight the ethical considerations. Many of the scenarios may be typical of problems addressed by disciplines other than social work. The vignettes, therefore, could be used as case examples. (Two samples from the book are provided in Appendix A.)

Various learning strategies present themselves:

1. In a dialogue with an Internet learner, the ethical standard and situation solely could be presented with an invitation for discussion. The consultant should ascertain whether the essential points in the analysis are identified. And does commentary provided raise additional issues?

2. An Internet learner could be presented with the situation and be asked to identify the relevant code standard(s) from that practitioner's professional code of ethics and to develop a course of action including the justification.
3. An Internet learner or consultee could be directed to summarize his or her dilemma of the moment, to identify relevant code sections from that practitioner's code of ethics, and to write up the available courses of action with the likely consequences in a format similar to the commentaries that appear in Appendix A.

Cases and Comments

The Santa Clara University (1999) web site includes an exercise in its *Ethics Connection* section titled "Cases and Comments" (www.scu.edu/SCU/Centers/Ethics/dialogue/candc/cases). Although the exercise gives examples of contemporary societal ethical issues and provides a forum for dialogue on cases, the design should be readily adaptable to professional practice ethics cases. Cases are presented in summary form with a focusing question. The site includes a message board for each case where accumulated ideas and comments can be collected.

Dialogues

Another exercise sponsored by Santa Clara University, also an option from its web site and potentially adaptable to professional ethics subject matter, is dialogic in nature (www.scu.edu/SCU/Centers/Ethics/practicing/focusareas/education/character.shtml). On various subjects, two versions of response to an ethical dilemma are presented, one an ethical course of action, the other not. The Internet learner is expected to identify the "principles and virtues" that apply. Presumably, such an undertaking could then be posted for discussion by cohorts.

Debate and Discussion

A true dialectic experience can be achieved through structured debate—especially if it permits rejoinder to each debate partner's position. Gambrill and Pruger's (1997) collection of debates about practice, the use of coercion, self-regulation of a profession, professional education and training, and special client populations is a

fine print example. The manager of a discussion group could readily identify profession-specific questions or more general ones, pertinent to a variety of disciplines and "sign up" individuals who self-identify to take up one side or the other. General discussion could be invited to follow.

This model could stimulate more critical thinking for participants and could include some identification of foundation theoretical material and underlying values. Gambrill and Pruger (1997) adapted a "Code of Conduct for Effective Rational Discussion" (pp. xv–xvi) and encouraged its application in order to achieve well-reasoned ethical decisions:

- the fallibility principle;
- the truth-seeking principle;
- the burden of proof principle;
- the principle of charity;
- the clarity principle;
- the relevance principle;
- the acceptability principle;
- the sufficient-grounds principle;
- the rebuttal principle;
- the resolution principle;
- the suspension of judgment principle; and
- the reconsideration principle.

ANTICIPATED PERILS, OBVIOUS ADVANTAGES FOR INTERNET ETHICS CONSULTATION

No one should embark on the opportunistic journey of ethics decision making reliant on Internet guidance without due caution and a well-examined protocol in place. Weighing the merits and pitfalls of Internet ethics consultation, in whatever form, parallels the conundrums of ethical dilemmas themselves.

Conflicts are inevitable among both code standards in the assignment of their relative powers and the competing sources of authority or colliding values that ordinarily conjure a dilemma. Each individual is responsible under the unique standards of the code to which she or he subscribes. Therefore, cross consultation among professionals of various orientations will inevitably pose some difficulties. One seeking consultation can, and perhaps should, chal-

lenge a correspondent to identify the basis of an assertion grounded in that individual's professional code of ethics. The reconciliation of priorities among the various professions and primacy of certain values—that may indeed differ, hierarchically—requires a dialogic process and critical skill. May an instinct to find common ground among divergent points of view undermine the achievement of a truly just and justifiable decision?

Hazards of Internet communication have been broadly documented. In the instance of ethics consultation some issues to be considered include the following:

- Distinctions must be made between peer consultation, in which professional practitioners might engage in dialogue and raise crucial issues but have no established expertise or special knowledge, and consultation with experts who have demonstrable qualifications. Further, an employing agency or institution can be held accountable for the action or inaction of an employee. The concept of vicarious liability in supervision (clearly not an absolute parallel to consultation) is discussed in *Prudent Practice* (Houston-Vega & Nuehring, 1998, pp. 139–140).
- Posting an interpretation or opinion based on information conveyed—possibly biased or partial—could expose the consultant to liability if action were taken by the consultee based on the misperception or misinterpretation of the guidance proffered.
- Case law illustrates the liability risk of alleged negligence when a professional does not refer a client to a specialist for consultation or fails to consult an organization for advice (e.g., failure to consult a child protection agency when neglect or abuse is suspected). Documented consultation could demonstrate the reasonableness of one's intentions (Reamer, 1994). Peterson, Murray, and Chan alluded to the legal and ethical ramifications of improper use of Internet therapy, suggesting the possibility of malpractice suits based on (a) negligent rendering of services, (b) negligence that leads to suicide, and (c) improper supervision of a disturbed client (1998, p. 203).
- If a central source for consultation were established, perhaps it might have to be profession-specific because of remaining differences in function among the behavioral health disciplines.

- Face-to-face interaction between a consultant and consultee enhances the data available, the basis on which each might have a more fruitful response. Mentoring and role modeling, valid forms of teaching, are difficult to accomplish without personal contact. And problems that require critical thinking, abstraction, and active processing and synthesis of information may not lend themselves to other than direct human interaction (Peterson et al., 1998).
- A single source of consultation within a discipline might be absent a diversity of perspectives that could be essential for legitimate ideas or opinion to be generated on a broad array of subjects. Interdisciplinary consultation, by the same token, could be devoid of depth of information about the roles of practitioners and their typical client problems and situations.
- Demands of time and timeliness for an expert could be unduly burdensome.

On the crest of the wave of the future, however, it is also important to recognize the unlimited potential and inevitable pervasive supplanting of traditional interchanges by Internet communication, both informal and formal. Many advantages are evident:

- The conferencing techniques allow groups of individuals to confer simultaneously through text, ideally with one person serving as moderator (Peterson et al., 1998). The dynamism of class learning can be vicariously captured. Although a practitioner may still choose to have a primary practice consultant, the breadth of discussion available in Internet exchanges will inevitably expand a professional's thinking and range of options.
- The immediacy and accessibility of discussion on the Internet is a potentially powerful mediating dynamic in the prevention of unethical conduct, both advertent and inadvertent. For most practitioners in the near future, the pipeline to a world of ideas and problem solving may be available in the next room. Mistakes born of desperation and passion may be avoided. Intuitive or emotion-based initiatives in the face of difficult clients or scarce resources, as well as the succumbing to the fulfillment of personal needs that represent boundary violations, can be readily prevented.

- Supervision (akin to consultation) via the Internet has been noted as particularly useful for sharing professional ideas and information with supervisees (or consultees) in remote and distant geographic areas. Similarly, peer supervision can be accomplished (Peterson et al., 1998).
- "Cultural competence" was a hallmark of the expansion of the social workers' code of ethics in the 1996 edition. Yet some practitioners have limited exposure to ethnic and social diversity, may be culturally biased, or may be confronted with culturally based client issues for which they are ill-equipped. Discussion or consultation could be enlightening. Reamer (1998) noted that

  > An important element of [the code] concerns social workers' obligation to recognize the strengths that exist in all cultures. Practitioners need a solid understanding of various cultural groups' positive and functional coping patterns, traditions, and customs. Social workers must understand that cultural practices that are different from those of the majority culture are not, by definition, counterproductive or dysfunctional. Rather, differences among cultural groups should be celebrated and accounted for in [professional] practice. (p. 42)

- For those who choose to keep it, a verbatim record exists of the Internet communication that may support decision making that is later questioned.

FRAMEWORKS FOR DECISION MAKING

Most authors who have written in the field of ethics have presented problem-solving methodologies or decision-making paradigms. Reamer (1997) summarized by listing the typical elements:

- identifying the individuals, groups, and organizations who are likely to be affected by the ethical decision;
- exploring possible courses of action and likely risks and benefits;
- considering relevant ethical theories, principles, and guidelines, codes of ethics, and personal values (and their interactions);
- consulting with colleagues and appropriate experts;
- making the decision; and
- monitoring and evaluating the decision. (p. 172)

Models appear on the Internet and in many sources of professional literature. The Markkula Center web site, for example, features *Thinking Ethically: A Framework for Moral Decision Making* (Velasquez, Andre, Shanks, & Meyer, 1999), which briefly describes five approaches in addressing moral issues: the utilitarian, rights, fairness/justice, common-good, and virtue approaches. Once facts of a situation have been established, a participant is directed to ask a prescribed set of questions. (See Appendix B.)

Elsewhere on the same web site (www.scu.edu/SCU/Centers/Ethics/practicing/decision/framework.shtml) is *A Framework for Ethical Decision Making* that also poses questions in the following categories:

- get the facts;
- evaluate the alternative actions from various moral perspectives;
- make a decision; and
- act, then reflect on the decision later.

The *Framework for Ethical Decision Making: Version 4 Ethics Shareware* is presented by Michael McDonald (1999) at www.ethics.ubc.ca/mcdonald/decisions.html. His directives include

- identify the problem;
- specify feasible alternatives;
- use your ethical resources to identify morally significant factors in each alternative;
- propose and test possible resolutions; and
- make your choice. (pp. 1–2)

Each area also entails provocative questions and guidance.

A University of Oregon (1999) site (http://jcomm.uoregon.edu/~tbivins/j495/Worksheet.html) represents another alternative, titled *Worksheet for Ethical Decision Making*, and stimulates the participant to articulate

- the issue;
- relevant facts;
- claimants;
- claimants' assumed preferences;
- options (with consideration of harm, ideals, and rules);
- ethical guidelines;

- decision; and
- defense. (pp. 2–4)

CONCLUSION

Reverberating aspirations in the unfolding dimensions of cyberspace are our inevitable future. Being a professional practitioner requires a good deal of wisdom—a necessity in weighing and choosing among the inevitable choices that one's practice presents. The steps along a path to wisdom, according to Visotzky (1996), require exposure to varying opinions, debate, and discussion. In the midst of our frenetic workdays, we must all afford the luxury of (or exercise a personal commitment to) thoughtful discourse on difficult issues.

Every practitioner grapples with ethics dilemmas, consciously (which is cause for rejoicing) or unconsciously. Mortimer Adler (1984) reminded us that a means and methodology for working through those dilemmas can become a habit. But—there is always the matter of choice. A moral philosophy or a code of ethics that relies solely on obedience to the rules it sets forth is unpragmatic. Being virtuous is wholly within our power, he challenged. It is a result of exercising freedom of choice. The journey need not be a lonely one.

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Appendix A

Vignettes of Ethical Dilemmas

These examples are purposefully devoid of references to the *NASW Code of Ethics* (1996) in order to illustrate that many problem situations are typical to various professional disciplines. In each vignette and commentary, the term *social worker* is replaced by *practitioner* in order to generalize the examples. The examples are just 2 among 78 in the book, *Current Controversies in Social Work Ethics: Case Examples* (NASW, 1998).

Vignette 1

***Ethical standard:* Practitioners should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.**

Situation: An independent case manager for senior citizens in a small town recently received notice that her apartment had been sold and she must move. One of her clients owns an apartment complex and has mentioned that there is a vacancy. The practitioner is considering transferring the client to a local nonprofit agency that provides case management services similar to hers, thus freeing her to rent the apartment without an appearance of conflict of interest.

Commentary: A practitioner may find that a client has access to a valuable resource; in this instance, the practitioner could benefit from the client's ownership of an apartment complex. Although it may be tempting to take advantage of a client's access to such a resource and the client's largess, the practitioner must avoid engaging in this kind of dual relationship, in which services are terminated to pursue a business relationship with a client because of the potential harm (disadvantage) to the client.

There are several possible risks. First, the dynamics in the clinical relationship are likely to change in a way that could be detrimental (not optimally in the client's best interest) to the client. The

practitioner and client would need to relate to each other in the context of a business relationship, which may interfere with the client's ability to take full advantage of the therapeutic relationship. This may result in part because the client could begin to view the practitioner as a tenant as well as a counselor; similarly, the practitioner could begin to view the client as a landlord as well as a client. Second, the practitioner's decision to refer the client to another service provider may not be to the client's advantage. The break in continuity of service could affect the extent to which the client benefits from the services. Moreover, the client may feel some pressure to consent to this arrangement because of the client's dependence on the practitioner. Finally, the relationship between the client and practitioner could be undermined if the practitioner's new apartment is somehow defective or unsatisfactory. Addressing this problem could complicate the practitioner-client relationship in a way that is not in the best interests of the client as a client. (p. 24)

VIGNETTE 2

Ethical standard: **Practitioners should respect clients' right to privacy. Practitioners should not solicit private information from clients unless it is essential to providing services or conducting practitioner evaluation or research. Once private information is shared, standards of confidentiality apply.**

Situation: A clinical practitioner meets weekly for therapy with a 15-year-old female client. During a session, the client reports that she is dealing drugs and has begun seeing a boyfriend who just completed a 6-month jail sentence for selling drugs. The client's parents have forbidden contact between their daughter and her boyfriend and have asked the practitioner to inform them if their daughter reported that she is seeing the boy again. The practitioner believes that his client trusted him not to pass on this information to anyone else and that disclosure might permanently impair the trust in their relationship. However, the practitioner told his client when they first began their sessions that he could not promise to keep confidential any statements that indicate a threat to harm self or others. The practitioner is concerned for his client's safety with

the boyfriend but also is far more concerned about her illegal involvement in the sale of drugs and the dangers she may face from the drug trade.

Commentary: The practitioner must struggle among obligations to his primary client, a minor; to her parents, who are inevitably part of the client system; and to society, whose laws are intended to protect. He can seek to work with the client toward the goal of achieving consent to bring the parents into active work as a family unit. The practitioner could endeavor to support the client and work toward accomplishing consent to reveal the relationship but with the goal of establishing a growing alliance with her parents. Or he can weigh the dangers to the client of the renewed relationship with her boyfriend plus the betrayal of the collateral clients' (the parents') expectations for the protection of their daughter and decide that revealing the information to them constitutes a compelling exception to confidentiality. If he decides on the latter course of action, the primary client (the daughter) must be informed in advance of the disclosure. (p. 36)

Appendix B

Questions for Decision Making

The five approaches of Velasquez, Andre, Shanks, and Meyer (1999) suggest that once facts have been ascertained, five questions should be posed in trying to resolve a moral issue:

1. What benefits and what harms will each course of action produce, and which alternative will lead to the best overall consequences?
2. What moral rights do the affected parties have, and which course of action best respects those rights?
3. Which course of action treats everyone the same, except where there is a morally justifiable reason not to, and does not show favoritism or discrimination?
4. Which course of action advances the common good?
5. Which course of action develops moral virtues?

According to Velasquez et al.,

> This method, of course, does not provide an automatic solution to moral problems. It is not meant to. The method is merely meant to help identify most of the important ethical considerations. In the end, we must deliberate on moral issues for ourselves, keeping a careful eye on both the facts and on the ethical considerations involved. (pp. 4, 5)